RSLI-125743297 SERFF Tracking Number: State: Arkansas State Tracking Number: Filing Company: Reliance Standard Life Insurance Company 39727

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Group Short Term Disability/LRS-6451-275-0708 et al Project Name/Number:

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Group Short Term Disability SERFF Tr Num: RSLI-125743297 State: ArkansasLH TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 39727

Sub-TOI: H11G.002 Short Term Co Tr Num: LRS-6451-275-0708 State Status: Approved-Closed

ET AL

Co Status: Filing Type: Form Reviewer(s): Rosalind Minor

> Author: Debra Dorsett Disposition Date: 08/11/2008 Date Submitted: 07/24/2008 Disposition Status: Approved-

> > Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Group Short Term Disability

Project Number: LRS-6451-275-0708 et al Date Approved in Domicile: Requested Filing Mode: Review & Approval **Domicile Status Comments:**

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/11/2008 State Status Changed: 08/11/2008

Corresponding Filing Tracking Number: RSLI-125743297

Filing Description:

RE: Reliance Standard Life Insurance Company Group Short Term Disability Income Insurance

Submitting:

Extension of Coverage under FMLA and USERRA

Policy Page: LRS-6451-275-0708

Certificate Page: LRS-6510-279-0708

Status of Filing in Domicile: Pending

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Dear Sir or Madam:

We are submitting the above captioned forms for review and approval. These forms are new and do not replace any forms on file with the Department. These forms are intended for use with Group Short Term Disability Policy form, LRS-6451 et al and it's corresponding Certificate form, LRS-6510 et al, which were originally approved by the Department on July 14, 1982.

The captioned forms are being submitted in order to comply with recent, as well as future changes, in federal and state laws pertaining to these leave of absence provisions.

There is no impact on the Group Short Term Disability Income rates associated with these forms.

Sincerely,

Debra Dorsett

Compliance Specialist

Compliance Department

1-800-351-7500, x. 4713

Fax (267) 256-3546

Debra.dorsett@rsli.com

Company and Contact

Filing Contact Information

Debra Dorsett, Compliance Specialist debra.dorsett@rsli.com
2001 Market Street (800) 351-7500 [Phone]
Philadelphia, PA 19103-7090 (267) 256-3546[FAX]

Filing Company Information

Reliance Standard Life Insurance Company

2001 Market Street

CoCode: 68381

State of Domicile: Illinois

Group Code: Company Type:

SERFF Tracking Number: RSLI-125743297 State: Arkansas

Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 39727

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Suite 1500

Philadelphia, PA 19103-7090 Group Name: State ID Number:

(800) 351-7500 ext. [Phone] FEIN Number: 36-0883760

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? Yes

Fee Explanation: \$20.00 per form as required by Department.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Reliance Standard Life Insurance Company \$0.00 07/24/2008

CHECK NUMBER CHECK AMOUNT CHECK DATE

\$40.00 \$0.00

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------------|----------------|------------|----------------|
| Approved- Closed | Rosalind Minor | 08/11/2008 | 08/11/2008 |

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Disposition

Disposition Date: 08/11/2008

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--------------------------------|-----------------|---------------|
| Supporting Document | Certification/Notice | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Actuarial Memo | Approved-Closed | Yes |
| Supporting Document | Statement of Variability | Approved-Closed | Yes |
| Form | Family and Medical Leave/USERA | Approved-Closed | Yes |
| Form | Family and Medical Leave/USERA | Approved-Closed | Yes |

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Form Schedule

Lead Form Number: LRS-6451-275-0708

| Review | Form | Form Type Form Name | Action | Action Specific | Readability | Attachment |
|-----------|-----------|--------------------------------|---------|------------------------|-------------|---------------|
| Status | Number | | | Data | | |
| Approved- | LRS-6451- | Policy/Cont Family and Medical | Initial | | 52 | policy |
| Closed | 275-0708 | ract/Fratern Leave/USERA | | | | page.pdf |
| | | al | | | | |
| | | Certificate: | | | | |
| | | Amendmen | | | | |
| | | t, Insert | | | | |
| | | Page, | | | | |
| | | Endorseme | | | | |
| | | nt or Rider | | | | |
| Approved- | LRS-6510- | Certificate Family and Medical | Initial | | 52 | Cert Page.pdf |
| Closed | 279-0708 | Amendmen Leave/USERA | | | | |
| | | t, Insert | | | | |
| | | Page, | | | | |
| | | Endorseme | | | | |
| | | nt or Rider | | | | |

EXTENSION OF COVERAGE UNDER THE [FAMILY AND MEDICAL LEAVE ACT AND] UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT ACT (USERRA)

[Family and Medical Leave of Absence:

We will continue the Insured's coverage in accordance with your policies regarding leave under the Family and Medical Leave Act of 1993, as amended if:

- (1) the premium for such Insured continues to be paid during the leave; and
- (2) you have approved the Insured's leave in writing and provide a copy of such approval within [thirty-one (31) days] of our request.

As long as the above requirements are satisfied, we will continue coverage until the later of:

- (1) the end of the leave period required by the Family and Medical Leave Act of 1993, as amended: or
- (2) the end of the leave period required by any similar state law.]

Military Services Leave of Absence:

We will continue the Insured's coverage in accordance with your policies regarding Military Services Leave of Absence under USERRA if the premium for such Insured continues to be paid.

As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

[This Policy, while coverage is being continued under this Military Services Leave of Absence extension, does not cover any loss which occurs while on active duty in the military if such loss is caused by or arises out of such military service, including but not limited to war or any act of war, whether declared or undeclared.]

While the Insured is on a [Family and Medical Leave of Absence for any reason other than his or her own illness, injury or disability or] Military Services Leave of Absence he or she will be considered Actively at Work. Any changes such as revisions to coverage due to age, class, or salary changes, as applicable, will apply during the leave except that increases in the amount of insurance, whether automatic or subject to election, will not be effective for an Insured who is not considered Actively at Work until the Insured has returned to Active Work for one (1) full day.

A leave of absence taken in accordance with [the Family and Medical Leave Act of 1993 or] USERRA will run concurrently with any other applicable continuation of insurance provision in this Policy.

The Insured's coverage will cease under this extension on the earliest of:

- (1) the date this Policy terminates; or
- (2) the end of the period for which premium has been paid for the Insured; or
- the date such leave should end in accordance with your policies regarding [Family and Medical Leave of Absence and] Military Services Leave of Absence in compliance with [the Family and Medical Leave Act of 1993, as amended and] USERRA. Coverage will not be terminated for an Insured who becomes Disabled during the period of the leave and who is eligible for benefits according to the terms of this Policy. Any weekly benefit which becomes payable will be based on the Insured's Earnings immediately prior to the date of Disability.

Should you choose not to continue the Insured's coverage during a [Family and Medical Leave of Absence and/or] Military Services Leave of Absence, the Insured's coverage will be reinstated in accordance with the Individual Reinstatement provision.

EXTENSION OF COVERAGE UNDER THE [FAMILY AND MEDICAL LEAVE ACT AND] UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT ACT (USERRA)

[Family and Medical Leave of Absence:

We will continue your coverage in accordance with the [Policyholder's] policies regarding leave under the Family and Medical Leave Act of 1993, as amended if:

- (1) the premium for you continues to be paid during the leave; and
- (2) the [Policyholder] has approved your leave in writing and provides a copy of such approval within [thirty-one (31) days] of our request.

As long as the above requirements are satisfied, we will continue coverage until the later of:

- (1) the end of the leave period required by the Family and Medical Leave Act of 1993, as amended; or
- (2) the end of the leave period required by any similar state law.]

Military Services Leave of Absence:

We will continue your coverage in accordance with the [Policyholder's] policies regarding Military Services Leave of Absence under USERRA if the premium for you continues to be paid.

As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

[The Policy, while coverage is being continued under the Military Services Leave of Absence extension, does not cover any loss which occurs while on active duty in the military if such loss is caused by or arises out of such military service, including but not limited to war or any act of war, whether declared or undeclared.]

While you are on a [Family and Medical Leave of Absence for any reason other than your own illness, injury or disability or] Military Services Leave of Absence you will be considered Actively at Work. Any changes such as revisions to coverage due to age, class, or salary changes, as applicable, will apply during the leave except that increases in the amount of insurance, whether automatic or subject to election, will not be effective if you are not considered Actively at Work until you have returned to Active Work for one (1) full day.

A leave of absence taken in accordance with [the Family and Medical Leave Act of 1993 or] USERRA will run concurrently with any other applicable continuation of insurance provision in the Policy.

Your coverage will cease under this extension on the earliest of:

- (1) the date the Policy terminates; or
- (2) the end of the period for which premium has been paid for you; or
- (3) the date such leave should end in accordance with the [Policyholder's] policies regarding [Family and Medical Leave of Absence and] Military Services Leave of Absence in compliance with [the Family and Medical Leave Act of 1993, as amended and] USERRA. Coverage will not be terminated if you become Disabled during the period of the leave and are eligible for benefits according to the terms of the Policy. Any weekly Benefit which becomes payable will be based on your Earnings immediately prior to the date of Disability.

Should the [Policyholder] choose not to continue your coverage during a [Family and Medical Leave of Absence and/or] Military Services Leave of Absence, your coverage will be reinstated in accordance with the Individual Reinstatement provision.

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: LRS-6451-275-0708 ET AL

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Group Short Term Disability

Project Name/Number: Group Short Term Disability/LRS-6451-275-0708 et al

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice Approved-Closed 08/11/2008

Comments:

Please note that we comply with applicable Certification/Notice requirements noted above in the Department's

Description.

Attachment: readability.pdf

Review Status:

Bypassed -Name: Application Approved-Closed 08/11/2008

Bypass Reason: Applies to Policy submissions.

Comments:

Review Status:

Satisfied -Name: Statement of Variability Approved-Closed 08/11/2008

Comments: Attachment:

Statement of Variability.pdf

Name of Company: RELIANCE STANDARD LIFE INSURANCE COMPANY

This is to certify that the forms on the attached list (or as described in submission letter) have obtained the score indicated by the Flesch reading ease method.

A. Option Selected

- ___1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is ____.
- X 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are:

| Form Number | <u>Form</u> | Flesch Score |
|-------------------|--------------------------------|--------------|
| LRS-6451-275-0708 | Family and Medical Leave/USERA | 52 |
| LRS-6510-279-0708 | Family and Medical Leave/USERA | 52 |

B. Test Option Selected

- X 1. Test was applied to entire policy form(s).
- 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification

A Checked block indicates the standard has been achieved.

- X 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- X 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)
- X 3. The layout and spacing of the policy separates the paragraphs from each other and from the border of the paper.
- X 4. The section titles are captioned in bold face or otherwise stand out, significantly from the text.
- X 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- X 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- X 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

Officer's Name Charles Denaro Vice President, Secretary and Deputy General Counsel

Officer's Title

Date: July 17, 2008

FGILH-0687

Statement of Variability

- 1. References throughout the form to "Family and Medical Leave" included if applicable.
- 2. Time period can be 31, 45 or 60 days.
- 3. Third paragraph under "Military Services leave of Absence" can be included or deleted.